TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Applic	ation Number	09/783,147
			Filing	Date	February 13, 2001
			First N	lamed Inventor	Rodger D. Erickson
			Group	Art Unit	2153
			Exami	ner Name	Krisna Lim
otal Number of Pages in This Submission 3			Attorne	ey Docket Number	005313.00002
		ENCL	OSURES	(check all that apply)	
Fee Transmittal Form		Assignment Papers (for an Application)			After Allowance Communication to Group
Fee Attached		☐ Drawing(s)			Appeal Communication to Board of Appeals and Interferences
Amendment / Response		Licensing-related Papers		d Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final		Petition Routing Slip (PTO/SB/69) and Accompanying Petition		ing Petition	Proprietary Information
Affidavits/declaration(s)		Petition to Convert to a Provisional Application			Status Letter
Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address			Other Enclosure(s) (please identify below):
Express Abandonment Request		Terminal Disclaimer Request for Refund			
☐ Information Disclosure Statement		CD, Number of CD(s)			
Certified Copy of Priority Document(s)		Rema	rks		
Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		The Commissioner is hereby authorized to charge any necessary fees, including any fees under 37 CFR §1.16 or 37 CFR §1.17, to Deposit Account No. 19-0733.			
	SIGNA	TURE OF	APPLIC	ANT, ATTORNEY, O	R AGENT
Firm or Individual name	Thomas L. Evans, Reg. No. 35,805				
Signature	/Thomas L. Evans/				
Date	April 30, 2007				
		CE	RTIFICA	TE OF MAILING	
hereby certify that thi	is correspondence i	s being depo	sited with	the United States Post	al Service as first class mail in an envelope
addressed to: Assista	int Commissioner fo	r Patents, W	ashingtor	n, D.C. 20231 on this da	te:
Typed or printed name	е			-	·

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Amy comments on the amount of time you are required to complete this form should be send to the Collect Information Officer U.S. Patient and Trademark. Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.

Date

Signature